EXHIBIT 1: PROOF OF CLAIM NO. 2730

4832-3607-6068.1

•		ラー、マナラ車を ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
, E E,		2 + + + + + + + + + + + + + + + + + + +
2 to 194	7	B10 (Official Form 10) (04/13) (Modified) to resume and/or comes!
3 + 4		
12. 20 4. 20	3	UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN PROOF OF CLAIM
, X & C	-	Name of Debtor: City of Detroit, Michigan Case Number: 13-53846 NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.
2 "	- [Name of Creditor (the person or other entity to whom the debtor owes money or property):
7 7	2 V	Caretahan 2. Smith
2 4	7	Name and address where notices should be sent: 3901 Grand River Are 4913 14-103 12-008864 N1
40 G	2	Detroit, Mich. 48208 13-118 Court Claim Number:
差	Ž	(1) KNOWN
43 2	4	Telephone number: (313) 675-5444 real angels 13 e gmail: com Filed on:
The second		same medicare - mspac for 500 pages anyone else has filed a proof of claim
- -	2	Telephone number: Same email: Same bills relating to this claim. Attach copy of statement giving particulars.
~ }	2	Telephone number: Same email: Same
original t	2	1. Amount of Claim as of Date Case Filed: \$ 75,000 attacked (Source)
2 3 7	3	Case elavratron [Fall or part of the claim is secured, complete item 4.] Trip and fall claim Trip and fall claim
<u> </u>	2	1. Amount of Claim as of Date Case Filed: Case elarvatron If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.
$\tilde{\gamma}$ 4	6	2. Basis for Claim: retirement (DPS). Property. Bus accident law suit for all
, , ,	۲	(See instruction #2) Detroit Public Schools appropriate benefit is and
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	3	3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: Clarke
ž ,	•	4. Secured Claim (See instruction #4) Amount of arrearage and other charges, as of the time case was filed,
_	2	Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.
	5	setoff, attach required redacted documents, and provide the requested information. 100 35 Win th rep, net, mi 48227 Nature of property or right of setoff: Real Estate Motor Vehicle Mother Basis for perfection: Insurance Co. has to pay
$\vec{\epsilon}$	2	Describe: property 8223 Pierson, Detrolt, Mi. for injured victums
ž d	T	Value of Property: \$\\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7 3	3	Annual Interest Rate (when case was filed) 9 Fixed or Dariable Amount Unsecured: Pain S 1.5 Million dellar)
マト	1	5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).
rneed, Kidney atellect) it com	,	5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. §
_*	<u>;</u>	6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)
reed,	-	10tal 24 60 + 340 (glasses) = 4850 paid on 2623 include
3 7	4	in the case of a claim based on an open-end or revolving consumer credit agreement, a
7 5		laim is secured, box 4 has been completed, and redacted copies of documents providing and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS.
2 4	-	135384614022100000000146 See Exhibits, A - L, M - S. MELLIVEL
્રે ફે	9	8. Signature: (See instruction # 8) Check the appropriate box. FEB 2 4 2014
- 6	\setminus	XI am the creditor. □ I am the creditor's authorized agent. □ I am the trustee, or the debtor, □ I am a guarantor, surety, indorser, or other codebtor.
242		or their authorized agent. (See Bankruptcy Rule 3005.) KURTZMAN CARSON CONSULTAN (See Bankruptcy Rule 3004.)
2 3	ξ	I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.
2	2	Print Name: Cretchen & Smith Title: Claimant, creditor Wotchen Blmith 2/21/2014
94.11	-	Address and telephone number (if different from notice address above): (Signature) (Date)
2,4	7	Telephone number: Print Name: Cretarity & 3m 17h Title: Claimant, creditor Address and telephone number (if different from notice address above): Same Telephone number: email: Detain Bound of time, no representation,
7	4	Telephone number: email: O resourses, and Otime, no representation,
	_	Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
		I am not alawyer. An unexpected breakdown of effective 13-53846-tit Doc 9868-1, Filed 05/21/15 Entered 05/21/15 16:56:08 Page 2 of 21 unicatron occurred to lawyer. So I had to lawyer. So I had to an en myself and my not alother myself.
mm	11	13-53840-11 DOC 9808-1, Filed U5/21/15 Entered U5/21/15 16:56:08 Page 2.01 21 Unicatron occurred to So I had to
etur	e s	en myself and my " alothis myself.

	Proof of claim attachment:	P1/6
* Ade	dition to this is a Gretche medicare lein. Case: 12-008 This is a list of: - (2)	n Smith
	This is a list of: - (2)	120/2014
The state of the s	amounts of medical bills	as a
	result of the bus accident.	· · · · · · · · · · · · · · · · · · ·
	The bus I was a passenger on rea	iv ended
\mathcal{O}	a car. I was injured,	en e
S 61	Service Date: note	amount 8.86
* because		
of injuries and denia		59,40
rightful	d 2/9/12 10/27/11 Dr. Reynolds Assoc. PC	12,21
benefits, I have	MP Senutts	102,85
no resourse	e 11/29/11 DMC. Harper Univer H. 1	138,86
(to	·	23,99
•	(4/27/13 - Dr. migdal, Dr. Ahmed	54,77
bi113.	8/2/13) 8/27/13 medc pym	1-77.0-
	12/1/02/13-1/21/13 Dr. R. Klein	177.08
	1/22/13 - 2/15/13 Mendelson Kornblur	72.72
	+0/2/13 previous but Dr. R. Klein	3615.001
	10/2/13 prev bal Dr. R. Klein	154,69
	10/2/13 prev bal Dr.R.Klein 18/9/11- pr. Gorrepati, mD	42.98
	10/26/11)	
	(10/26/11 - Dr. Gorrepati	42.98
	11/21/11)	42.98
	(1/21/11 - Dr. Crorrepati 1/25/12)	42.98
	(1/10/12 - pr. Gorrepati	42.98
12 52046 +	tjt Doc 9868-1 Filed 05/21/15 Entered 05/21/15 16:56:08/ Pag	70.2 of 21
13-33040-1	The por account Lilen colstita Ellielen cartita th'ac not by	JC 3 UI ZI

13-53846-tjt Doc 9868-1 Filed 05/21/15 Entered 05/21/15 16:56:08 Page 3 of 2

	contonue Pro 0I: 7/1/20	of of claim:	Gretchen Smith P.25 e: 12-008809
	Service Das	te: note	(2/20/2012)
*	(3/21/12-	ant the annual group of the same of the sa	amount
	8/3/12)	Dr. Gorrepati	9 42.98
	(8/3/12-	Dr. Correpat	1 42,98
	11/20/12	Dr. C	42.99
en e	(11/20/12-	Dr. Gorrepat	42.98
	1/23/13)	-	And the second s
	6/27/13-	Dr. migdal	\$ 22,39
	7/15/13)		* 9
	(9/28/12)	Hurper/Hut	192.68
	(2/25/13)	Harper/Univ	Hus, 72.72
Dup	(9/1/13)	Dr. R. Klein	prev (154.69)
	(9/28/12)	Lesion Remova	1 Col 68,27
	(Had accides	rt not occurred, I	would not have
	developed H	irs-due to medi	anes)
	Puplicate	Dr. Gorrepati	42,98
	I must con	relude with th	115!
		iries I experi	1
direct		the DOI 71.	
		· (I was a Pas	
		llows: neck,	
e e series e en e		K, head, eyes	
	1		evs, abdomenal,
er en		ulting in spin	
	regaritari	Widness and	heart failure,
heart	Corried has	been Hospita	I nealisance by
failure	Draseen	Low Karmanos	I negligence by 18:56:08 Page 4 of 21 rching
13-53846	-tjt "Doc 9868-1" Filed	105/21/15' Entered 05/21/15'	16:56:08' Page 4 of 21'
		E	CHIDH U

Case: 12-008804 Pr3/6 Proof of claim attachment! Continued (2/20/2014) Gretchen Smith An estimate of medical expenses to date are approximately \$50,000, I don't know if this estimate comes from all past or/and includes the present and future medical as a result. It is my conclusion that the city of Detroit Law department did it's investigation by telephone without medicare law. Ho The law I'm told is any denial of benefits must be in writting and give a reason why medical expenses are denied. This MSPRC was not done by the City of Detroit. The city of Detroit intentronally shucked it's responsibilities and thwasted any and all my efforts to surrvive this. I am claiming any and all benefits I have a right to. This is so far my 186,620 14,400 research. Lifetime injury related medical Conknown amount) Pain and Suffering 120,000 or more, and (ife) Care Provideing: current \$201,020 (Replacement) Services) 32-8=14 Lost Wages: \$ 210,000 to date 14,400 8, medical Expense: \$50,000 plus future. 8 818-53846-tjt (6020 x 31) Transportation: $254 \times 2 = x8 = 16,256$ ExhibitC

proof of claim attachment continued:

(ase: 12-008804 p.4/5)

* 50,000/yr. - (2/20/2014) P/3 120,000 or more (Jury trial requested) Care Providing/Replacement Sev. 201,020 plus lifetime Lost wages: 210,000 todate lifetime 21 years \$0,000 × 18= (1,420,000) AND retirement for such, I don't know estimated retirement age 72. calculation, I am still researching. I elaim 28 years @ 60000=1, 680,000 House Iorlans PC\$ 50,000 Life expectancy, I am not physically nor finguancially able to 19 100, runs in genes. do copies - see attached: Attn./cleint breakdown. Proof: over 50 police reports of incidents caused by abusive and criminal litagation tactics. (Criminal) Dr. Robert Pizzimenti, Tom Ceiskowski, Kalvin Lenton (abusive - (Criminal) possibly criminal) PPO Court order: Annette Thompson Total Estimates! House \$50,000 Retirement: 9 1, 680,000 DOI! Lostwages 9 1, 620,000 Detroit Public DOI Wyzon Schools Pam/Suff: \$1,500,000 500x12x **99** = 294 49 Th Medical expense: \$800,000 Transportation: \$294,000 Careproviding/RS: 3,500,000 6020×12 Permanent injury causing quality of life: 5,000,000 x49 = 13-53846-tjt Doc 9868-1 Filed 05/21/15 Entered 05/21/15 16:56:08 Page 6 of 21 Exhibit 1

(2/20/2014) Property Corlan PC) 50,000 DOIY/2011 LOST Wages 1,680,000-1,620,000 1,500,000 Pain/Suff 800,000 medical exp Transportation 294,000 Careproviding/RS 3,500,000 Permanent injury 5,000,000 (DOI: 1/27/2013 estimate: 9,000,000 Right arm 1,680,000 Retirement dominant, total: 23,444,000

Gire or take according to correct and lawful claim guidelines.

My claim is: 25,000,000

with interest.

25 million dollars

I feel there is an accountability effort that must be made on my bet behalf. Even if I have to make it my self at this time.

Smeerely, Hetchen BSmith Gretchen R. Smith 3901 Grand River Ave #913 Detroit, Mich. 48208 (313) 675-5444 cell

ANDREOPOULOS & HILL, PLLC

Attorneys & Counselors

L. LOUIS ANDREOPOULOS DAVID T. HILL TODD RUTLEDGE EVAN PAPPAS BRIAN WAGNER 28900 Woodward Avenue Royal Oak, MI 48067

TELEPHONE: (248) 399-9991 FACSIMILE: 248-399-9996 E-MAIL: andhilllaw@sbcglobal.net SUPPORT STAFF

FANCY YALDO AMANDA ARAFAT SALLYKAYE RAHN JULIE PALM SARA FREER KYLE BRYANT

January 31, 2014

Ms. Gretchen Smith

RE: Gretchen Smith vs. City of Detroit

Dear Ms. Smith:

Let this letter serve to confirm our meeting this afternoon regarding our relationship. Specifically at that time, we mutually agreed to severe our relationship as attorney-client. I advised you and you understood that you should seek other counsel immediately in order to protect your rights.

Further, I advised you that a proof of claim filing deadline with the bankruptcy court is February 21, 2014 by which date you must file said claim to be received by the bankruptcy court or you may forever lose your rights.

At the time of our meeting, I gave you a copy of the above indicated proof of claim form, and instruction booklet, your case evaluation award, case evaluation summary, and voluminous medical records contained in your file. We arraigned for you to pick up the remainder of your file which will be copied and available for you on February 7, 2014 at 12:00 p.m.

Sincerely,

L. Louie Andreopoulos

Acknowledgement

I, Gretchen Smith, on January 31, 2014 acknowledge the above and understand that the firm, Andreopoulos & Hill no longer represents me and will be taking no further action on my behalf. I acknowledge and understand that I should seek new counsel immediately to protect my legal rights.

The South

Gretchen Smith

DMC

Rehabilitation Institute of Michigan

Outpatient Physician Clinic 261 Mack Blvd. Detroit, MI 48201-2417 Phone 313-745-4600, Fax 313-745-1165

Phone 313-745-4600 Fax 313-745-1165	
DX: Cervical facet pring when, the and we	- FIN: 480000422356 PTID: 40010025 SMITH , GRETCHEN DOS: 11/15/13 BD: 12/10/1959 MRN: xxxxx0024 ATTN: AHMED, SYED MOZREI
Case Management Services Replacement Services Transportation to Medical Appointments Attendant Care	rs per day X Weeks
May return to work	15/13 To 2/28/14
Physician Signature: Print Name: SAhmed. Derevised - mm 11/10 Spreadspire Ins years Dinsi/Call Ill, Mich wont take claim - delevelt	M27/13 trip N fall _ on Cty sidewalls @ 19550 w. warren on N side of sex sheat in arrieway, hole about 8" x 8" - I will poin recheck - rnj. neck & back, both hands, knees, shoulders, chest, radial shatt fracture (R), W) patella sprain DMC- sinci - Ex-rays, consultation, then forced me to IV without back brace front price. assaut, brustes.



KELVIN R. LENTON-LEGAL INVESTIGATOR
CITY OF DETROIT-LAW DEPARTMENT
CAYMC
2 WOODWARD AVENUE
SUITE-500

DETROIT, MICHIGAN 48226

PHONE: (313) 237-0430 FAX: (313) 224-5505

TO:

GRETCHEN SMITH

FROM:

KELVIN LENTON-Legal Investigator, City of Detroit Law Department.

DATE:

1/17/2014 CLAIMANT: GRETCHEN SMITH

RE:

REQUEST FOR ADDITIONAL INFORMATION AND/OR

DOCUMENTATION.

Please submit the following documents and/or information to assist our office in the processing of your claim. You have 30 days to submit the following information to our office or your file will be closed.

1. IRS w-9 forms for the attached individuals.

Additional information may be required once processing of your claim begins. Please respond by fax at (313) 224-5505, or Phone (313) 237-0430.

Sdvin Lenton

Legal Investigator



KELVIN R. LENTON-LEGAL INVESTIGATOR
CITY OF DETROIT-LAW DEPARTMENT
CAYMC
2 WOODWARD AVENUE
SUITE-500
DETROIT, MICHIGAN 48226
PHONE: (313) 237-0430
FAX: (313) 224-5505

FACSIMILE TRANSMITTAL NOTICE REGARDING CLAIM STATUS

TO:

ATTY: ANREOPOULOS ATTN: BRIAN WAGNER

FROM:

KELVIN R. LENTON-LEGAL INVESTIGATOR

CITY OF DETROIT-LAW DEPARTMENT

DATE:

FEBRUARY 06, 2013

FAX No:

248-399-9996

Phone:

248-399-9991

PAGES:

10

RE:

Claimant: GRETCHEN SMITH, A32950.002623

DOI: <u>5/10/2011</u>

You are herein being placed on notice:

Please be advised that your request for Attendant Care PIP benefits for the above claimant requires further clarification and /or documentation. In order for us to process your request we require that the following items be provided to our office:

- 1. Certificate of Disability from claimant's treating physician for the time period(s) for which you are seeking Attendant Care benefits.
- 2. INTERNAL REVENUE SERVICE FORM-W9. FOR ALL THE CARE PROVIDERS LISTED ON YOUR REQUEST FOR ATTENDANT CARE; (DAINA WOLNER, MARSHALL SYMONS, NANCY WILSON, RICARDO TREVINO, MARSHAL SYMONS, JEFF DEBRYUM, BOB CHAPMAN, JOHNNY COLOSEMO, LEONARD ASHLEY, PAUL JARVIS, CLINTON OTIS, DENISE DOTSON, MONA WILLIAMS, MIKE CARNEY, STEVE SABBOLA, TAMMI HANKINS, MR. & MRS. REEVES, RON DALE).

· City of Detroit Law Department.

GEDOCS/CLAIMS/lentk/a34000/form/KRE1110.WPD

THIRD JUDICIAL CIRCUIT OF MICHIGAN

Notification of the Results of Case Evaluation

Stayed

TITLE		
	CONSOL.	CASE NUMBER
Smith, Gretchin v CITY OF DETROIT , et al.	NO	12-008804 NI
	L	

PLEASE APPEAR AT THE SETTLEMENT CONFERENCE OF JUDGE WENDY BAXTER ON AUGUST 26, 2013 AT 2:00 PM. FAILURE TO APPEAR AT THE SETTLMENT CONFERENCE MAY RESULT IN DISMISSAL OF THIS CASE.

TO: F
David Hill
28900 Woodward Ave.

Royal Oak, MI 48067

ATTORNEY COPY

AWARD RESULTS SUMMARY

	Award Information		Parties Involve	ed .	
#	AMOUNT STATUS	FOR		AGAINST	Result
1	\$75,000.00 Unanimous	1	vs.	4	Rejected
	\$42,000 PIP CASE / \$32,500 3RD PART	Υ			·

ATTORNEY / PARTY AWARD RESPONSES

		Party Information	Attorney Information
TYPE	#	NAME	BAR # / NAME / PHONE #
P	1	Smith Gretchin	P48771 : David Hill : (248) 399-9991
		REJECTS (NO RESPONSE)	AWARD #1

TRESECTO (NO TREST ONSE) AVVAILD A

4 CITY OF DETROIT P47787 : Robyn Brooks : (313) 237-3049

REJECTS (NO RESPONSE) AWARD #1

PARTIES NOT EVALUATED

		Party Information	Attorney Information	
TYPE	#	NAME	BAR # / NAME / PHONE #	
D	2	Owens Melvina Rosalind	P08888 : No Attorney Required	
D	3	Hill Laverne Renee	P08888 : No Attorney Required	

WARREN CHIROPRACTIC & REHAB CLINIC P.C.

19201 W. Warren Detroit, MI. 48228

Office (313) 240-7950

Fax (313) 240-7970

5-3-13

Re: Gretchen Smith

Ms. Smith has been disabled since her car accident on 07-01-11. Her injuries are the Neck, Mid, and Low Back. Her diagnosis are multiple herniated disc, multiple Subluxation, sciatica, and sever muscle spasm. Her injuries are permanent and disabling. They severely limit her ability to stand, sit, or walk for long periods of time.

Dr. John Mufarreh D.(

COB CONTRACTG., INFORMATION

Please review the information in the column titled "What CMS Says You Have". If this information is not correct, please write the correct information in the column titled "Corrections".

Other Insurance Instance 1: GRETCHEN SMITH - 906541444*01

I never had this coverage

Date

Signature

COV716 NCEPN8 COV71602 RTP 00002648 / 00007991

·	le principa	cn. 2/26/1X		
Authority: 1949 PA 300, Sec. 257.622 Compliance: Required MSP UD-10 'enalty: \$100 and/or 90 days (Rev 1/04)	Do Not Use		Page Of	
STATE OF MICHIG	AN TRAFFIC C	RASH REPORT	File Class 57300	
ORI: 8247100 Departmen	HIGH CANA	PK POLICE	Incident Disposition Reviewer Open Closed	
Crash Date New Year Crash Time Military County Traffic Control City/Twp Signal On Roac Construction Zone (if applicable) Mark One From Eac Construction Zone (if applicable) Mark One From Eac Construction Zone (if applicable) Mark One From Eac Construction Zone (if applicable) On Prefix Roac Name Prefix Roac Name Distance 75 FT MI Unit Number State Driver Loense Num	No. of Units Crash Type Single Motor Ven Head On Head On Head On-Left Tur Angle Rear End-Left Tur Rear End-Left Tur Rear End-Left Tur Rear End-Hight T Sideswipe-Same Sideswipe-Oppor ctivity Road None North East Beginning of South West End of Pamo	Special Circumstances (None Circumstances Hit and Run Special Study Local	Deer Special Chec Fleeing Police Fatal (Report All) State Corrected Copy Severe Wind Replace (Entire Re Snow/Biowing Snow Delete (Entire Re Sleet/Hail Non-Traffic Area Other/Jnknown ORV/Snowmobil Dark-Unlighted Area Other/Jnknown Snowy Debris Muddy Other/Jnknown Snowy Debris Muddy Other/Slushy Unknown Speed Limit State Control Speed Limit Access Control Speed Limit Dark-Unighted Other/Jnknown Snowy Debris Muddy Other/Jnknown Speed Limit Slushy Unknown Speed Limit	report) port) e tel Lanes Rosted ves hb uffix Hazard Action
Unit Type Name MELVINA O'B Street Address 6411 M Et alie Driver Condition Therrook Telephone O'B Street Address 6411 M O'B Street A	COSALIND OW ACKENIZIE MI Zip 48204 (5 6 7 6 Iusad Not offered Source Results to 1 d OPBT Breath Blood Co cod Ourine Test Results State Insurance FLEET MI Towed TorBy NOT	PHONE Number (1) (3) ANS When Anadate) Ourine Test Results INIS CERT#695 NEED ED	C F F D U M R R F D U Not A P Arribulance Airbaq Yes Not Equipp Citation issued Hazardous Other NA Color Arrivation Color Arrivation Color Arrivation Ar	PLY.
VIN 4 RKMNTGA9YX Location of Greatest Damage CO O O O O O O O O O O O O O O O O O O	O VA O MO O PU O GC	OR Vehicle Direction Simple North South East West Vehicle Direction Simple North South South Vehicle Date of Birth Street Address 2640 TR	VN WHT/ERN 2.0 Decial Vehicles To a large trailer Type To a large tra) (10 (10 (10 (10 (10 (10 (10 (10 (10 (10
Elast S M I T H B B C O Ar B First Name A Y Y U B	Dag Deployed ○ Yes ♠ No ♠ Not Equi	Date of Birth D O 1 9 6	Sex Position Restraint Hospital Sex Position Restraint Hospital REFUSE Annihilance FF443 R	
C Last C A R R Injury O K O A O B O C O O Au Name C I V O F D E	bag Deported O Yes O No Not Equi	City DETROIT	SMITE RESPO	Trapped O Yes
Z Unryured Passeriger Prione Number Writness Okaner Name Unryured Passeriger Prione Number	Age Put	Address Address		Public 🍑
of Damaged Traffic Control Trine 4:30 pm Name UD-10 SEHIAL NUMBER Serial Override	Owner &	Phone Do Not W	rite or Mark In This Area	
9673931 Number Numb	This tips		Do Not Write or Mark Below This	

•	Compliance:	49 PA 300, Sec. 257.622 Required MSP UD-10 0 and/or 90 days (Rev 1/04)	Do Not Use			Page(A
, L	STATE		N TRAFFIC C	RASH RE	PORT	File Class 93	DDI
رات،	ORI: 82	47100 Department Nar	MAND PARK	POLICE		Incident Disposition Open Clo	neviewer used
~ T	Crash Date Month Day	Crash Time Micray	No. of Units Crash Type Single Motor Vehi	Special Circumstances cle School Bus	Hit and Run 🔘	State	Special Checks Fatal (Report All) Corrected Copy
On This		Relation to Roadway Location of Sh None of These Signal		(Mark Only One)	Cloudy O Fog/Smoke O	Snow/Blowing Snow Sleet/Hail	Replace (Entire Report) Delete (Entire Report) Non-Traffic Area ORV/Snowmobile
Write or Mark	Construction Zor Type	ne (if applicable) (Marx One From Each Gro Lane Closed Activi	ner/Unknown Sideswipe-Same Outp) Sideswipe-Oppos ty Other/Unknown	ite (Mark Only One) (Nark Only One) (Nark Only One)	Dawn O Dusk O Dry Sno	,	Area Total Lanes Dead Limit Posted
ŏ	Const./M Utility Prefix	aint. Yes On Roa No Off Roa Road Name		(Mark Only One)	icy 🔾 Sius		Type Suffix
O O	Distance	O FT O No.	orth C East C Beginning of outh West C End of Ramp	Fernp Tresticaway	D	Access Conf	
		Intersecting Road			ed Roadway (N)		Type Suffix
f The Line	Unit Number Unit Type	State Driver License Number		ate of Birth	YY 8		Total Occup Hazard Action
This Side of		Name Street Address City State	Zip (p	horite Number	Injury O K	Position Hestraint	Mosp4al Amoulance
ark On	Driver Condi Interlock Alcohol	ion (1) (2) (3) (4) (4) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	5 6 7 B			Ejected Yes Trapped Yes Airpag Yes Deptoyed No	Not Equipped
Write or	Vehicle Regis	Yes No Test Type Blood Stration S	Urine Test Results tate Insurance Towed To/By		000	Citation Issued Hazardous Other	
Do Not	VIN	Location of Greatest Damage	Vehicle Type	Make Venicie D		Color Al Vehicles Private Trailer	- ' ' 1
	First Impact Ex	③ ① ③ ⑥ ⑦ ⑧ ⑨ ⑪ ⑪ ⓒ rtent of Driveable umage	O VA O MO O PU O GC	Other OTruck/Bus Orphele Truck/Bus Sections	South (4) East West Vehicle L	(5) (6) Vehicle Defection (1) (2) (3) (4) (5)	3 (3 (5 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6
Printed in U.S.A	First Name	ICHELLE		Date of Birth O' & O 7 Street Actors	1967	Sex Robbin Restrate OM 0401 COF 0401	FORD HOSP AMBRICOSTYUS RAPIBUUS
	Last	ANGFORD	sployed Yes No	City DETR	011	358-4041	Elekheld Trapped O O Yes Yes
12111098 G	First Name			Date of Birth Street Acdress	A A A A	Sex Position Restraint M F	Hospital Ambulance
249696-313	Last			City State Zip	Phone No	impea	Ejected Trapped O O Yes Yes
ž	Injury K (Owner Uninjured Passerge Witness	Name	eployed Yes No Not Equip	ped Rest.	Andress		Yes Yes
by Pe	Ovrier Uninjured Passerge Witness Person Advised	Name Phone Number Date	Axe Pis Damaged	Rest.	Address		Public Y
Ď	of Damaged - Traffic Control	Time	Cwner &				0.
OpScan INSIGHT	9673	RIAL NUMBER Setal Overnoe Number 944	73931	0##00#		or Mark In This Area	

Z M H 400488734022	η BACK	.
	Date of Birth License Type Sex Total Occup	Hazard Action
NCS	0 1 0 7 7 9 6 0 0 0 F 6 1	13
Unit Type Name LAVERNE RENDEE HILL	Injury Position Restraint Hospital	Forward
O B Street Address = 5 = 1	REFUS	
Driver Condition (2) (3) (4) (5) (6) (7) (8)	Priorite Aumber K C C S Arribulance	
Interlock Yes No Refused Not offered Submit Results	Trapped Oyes NEED	
Alcohol Yes A No Test Type Field PBT Breath Blood	B Deployed • No	
Drugs ○ Yes ○ No Test Type ○ Blood ○ Urine Test Results Vehicle Registration State Insurance Recurs	L WEST (NS. Co Citation issued Hazardous O	Michi 7150
BWB3450 MI Towed TO/By NOT	NEEDED	nigan Har
VIN 1 6 NEK13TOYJ 208839 Westchen		2 ris D
Location of Greatest Damage Vehicle Ty ① ② ③ ④ ⑥ ⑦ ⑤ ③ ⑩ ⑪ ① PA ○ CY		Tive Po
First Impact Extent of Driveable VA MO	Other South 4 5 6 Vehicle Defect	La lic
□ □	(Complete Truck/Bus Section) West Vehicle Use 23456789	Traffic sing, M
First Name	Date of Birth Sex Position Pestraint Hospital	<u>Μ</u> . Ω 4. Ω
Middle	Street Address	Crash Reporting
	City Ejected T	rapped PC
Last	State Zip Phone Number	O tin
Injury O K O A O B O C O 0 Airbag Deployed O Yes O No O Not Ex First Name	pulpped Yes Date of Birth Sex Position Restraint Hospital	
	MM DDYYYY OF	Section
Middle	Street Address	
Last		rapped
Injury O K O A O B O C O O Airbag Deployed O Yes O No O Not Ec	State Zip Phone Number C Yes	O Yes
Owner O Witness Name Morress Marrier Passenger LAVERNE RENEE HILL 23	5 Un Canada 8T Phone Humber Age 43	Pos. Rest.
Owner Witness Name Address	Phone Nurtiber Age	Pos. Rest.
Unit Reported Above ✓ Unit Reported Above	Crash Diagram and Remarks	
Action Sequence of Events Action Sequence of Events Prior First Second Third Fourth Prior First Second Third	North /	
0117 0107	NOTE:	PKWY
Most - Most	1 1 1 1 1 1 1 1 1	
	(M) IVERICUE 2	y
Harmful (M) (M) Harmful (M) (M)	INAS TRAVEL-	4
Harmful M M M Harmful M M M M M M M M M M M M M M M M M M M	MAS TRAVEL- ING N/B ON US-1	ARE ELLY
Harmful M M M Harmful M M M M M M M M M M M M M M M M M M M	MAS TRAVEL- (NG M/B OR US-1) WHEN SHE	4
Harmful M M M M Harmful M M M M M M M M M M M M M M M M M M M	MAS TRAVEL- ING M/B OR US-1 WHEN SHE WAS STRUCK FROM BEHIND	ARE ELLY
Harmful M M M M Harmful M M M M M M M M M M M M M M M M M M M	MAS TRAVEL- [ING M/B ON US-1] WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W	ARE ELLY
Harmful M M M M Harmful M M M M M M M M M M M M M M M M M M M	IMAS TRAVEL- IM	ARE ELLY
Harmful M M M M M M M M M M M M M M M M M M M	IMAS TRAVEL- ING MB ON US-1 WHEN SITE UCK FROM BEHIND BY VEHICLE W CHE BOOK CHE CHE CHE CHE CHE CHE CHE CH	ARE ELLY
Harmful M M M M M M M M M M M M M M M M M M	MAS TRAVEL- [MG M/B ON US-1] WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W H 1 A 1	ARE ELLY
Harmful	IMAS TRAVEL- IM	ARE ELLY
Harmful M M M M Harmful M M M M M M M M M M M M M M M M M M M	MAS TRAVEL- (NG M/B ON US-1) WHEN SHE WAS STRUCK FROM BEHIND OLD BOOK BY VEHICLE W HILL OT OX letions 19 0 30	ARE ELLY
Harmful M M M M M M M M M M M M M M M M M M	MAS TRAVEL- (NG M/B ON US-1) WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W H 1 OT OX Ictions 19 0 30	ARE ELLY
Harmful M) M M Harmful M M M M M M M M M M M M M M M M M M	MAS TRAVEL- [MG M/B ON US-1] WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W H 1 COT COT COT COT COT COT COT CO	ARE ELLY
Harmful	MAS TRAVEL- (NG M/B ON US-1) WHEN SITE WAS STRUCK FROM BEHLIND BOOK BY VEHICLE W HT I STRUCK FROM BEHLIND I SOUTH STRUCK FROM BEHLIND FROM BEHLIN	ARE ELLY
Harmful	MAS TRAVEL- (NG M/B ON US-1) WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W H 1 OT OX letions 19 0 30 35 0 CX 33 0 Other CH CH CH CH CH CH CH CH CH C	ARE ELLY
Harmful	MAS TRAVEL- (NG M/B ON US-1) WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W H 1 OT OX letions 19 0 30 35 0 CX 33 0 Other CH CH CH CH CH CH CH CH CH C	ARE ELLY
Harmful	MAS TRAVEL- (MG M/B ON US-1) WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W H 1 CH CH CH CH CH CH CH CH CH C	ARE ELLY
Harmful	MAS TRAVEL- (MG M/B ON US-1) WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE W H 1 CH CH CH CH CH CH CH CH CH C	ARE ELLY

Unit Number	S	ate	Drive	r Lice	ense N	umber	_	7		Т.		-									ľ	3A	U r	•	٠.	• •
	Щ	ĻĻ					_L	L	Ш		<u> </u>		Date o		1	1,41,4	1! —	ense Ty		1	ex	Total	Occup		zardi tion	
NCS Unit Type	•												W	MDC	γY	YY	∐ō	. () M ()	F	C						- 71
O MV	Name																Injury	1	ition	Res	straint	hospita	<u>i</u>	<u>.ll</u>		Forward Original
○ P	Street .	Addres	3										()			-l ô				\Box	Ambuis				ard o
○ E (train) Driver Condi	tion	0	②	(3)	ate 4	(5)	(6)	Œ	D D	(B)	Phone h	(99)			_	Ejecte		Yes		Anious	ar ice			nigin
	O Ye	_		st Typ	_	Refuse Field C								m Available) e TestRes	uits	ş4 .	^	Trapp Airba	9) Yes () Not	t Equip	oped	-	<u>al</u> To:
Drugs	◯ Ye:	s () N	о Те	st Typ	e (Blood) Urin	ne	Test R	esuits					·	, B	Citati	on Issu) No				-	
Vehicle Regi	stration	T T] [State	٦L	nsura									1	dous (Other (_						Michi 7150
N	-	+		-			-	11'	Dewo	To/By		cle cription		Make		Mode	0		Cok	Of			Yea	¥ ,		igan St Harris
	Locat	ion of G	rootoot	Domo				_				ciption icle Typ	<u> </u>		Mohicle	Direction		l Vehici	oc IP	rivate 1	Trailer Ty	/D6				굴음
စာတစ္	<u> </u>		D (T)	(B)		① (2		0		0	CY	\circ) North	0	② ③			(D)	•	(3)	<u>0</u>		P
	ktent of amage	П	Driveat		0	No			00	PU	Ō	MO GC	Ō:	Other Truck/Bus	1 0) South) East	1	© ———		Œ	② (<u> </u>	(D)	<u></u>		
rst Name									0	ST		SM K		Date of Birth) West	Vehicle U	Sex			(5) (stealnk		(B) (த் மே	<u> </u>	affic Ma
						\prod								MA	00	YY	YY	0 M				anbulanc		<u> </u>	4	Cras
iddle					1						T		1 1	Street Addre	8					y 10-20	\square					Traffic Crash Reporting Section
st			11	7	\top		+	1	П	\top	T	П		City								Ejecte	rd	Trappo	×d	port
	O A	O B	0	<u>c (</u>	20	Airbag D	epioye	40	Yes	No	0	Not Eq	apped	State	Žφ	i de la composition della comp	Phone Nu		Doorto	a TBaa	straint (F	Yes		Yes	_	ng S
st Name				T			T-	T	П	-	T	П	77	Date of Birth	ממו	ΥΥ	YY	Sex M	rositio	III I'NGS		пла,же				ectio
dalle		++	+	+	+-	++	+	+		+	+-		+-	Street Addre		1,1,	1:1:1	<u> </u>	LL	L_	1	umbulanc	æ			خِ
'		+			+		+	+	\vdash		+-	\vdash	+	City					.,		_	Ejecte	rd I	Trappe	×d	
st		1 1		- 1					1 1			í I	1 1								t t					
	\bigcirc A				70	Airtiag C	epioye		Yes	⊃Nc		Not Eas		State	Zip		Phone Nu	mber				○ Yes		Yes	-	
ury K	Witness	O B		c (_ ⊃∘	Airbag C	epioye	40	Yes	⊃ No		Not Equaters		State	Zip		Phone Nu	mber	Phone	Number	,	Yes	Age		Res	t.
ury K Owner O Uninjured Passen	Witness jer Witness	Name	0	c c	_ ⊃	Airtiag C	Pepioye	40	Yes	_ No	60			State	2ip		Phone Nu	mber		Humber		Yes		Yes		
Uninjured Passen	Witness Witness per	Name Name))	Airbag C					60	dress dress		State			Phone Nu		Phone	Number		Yes	Age	Yes Pos.	Res	
ury K Owrer O Uninjured Passen	Witness Witness Witness Per Report	Name Name ed on	Front			A		Jnit I	Repo	orted	Aborce of I	dress dress /e vents		State	Zip North		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Unifured Passen Unifured Passen Unifured Passen Unifured Passen	Witness Witness Witness Per Report	Name Name ed on	Front f Event	S		A	A I	Jnit I	Repo	orted	Aborce of I	dress dress /e vents	ipped	State	1)	Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Unit Fa	Witness Witness Witness Per Report	Name Name ed on	Front f Event	S Four		A	A I	Jnit I	Repo	orted	Aborce of I	dress dress /e vents	ipped	State	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Unit I Action Prior Fa	Winess per Viness per Sequ	Name Name ed on ience o	Front f Event Third	S Four	th .	A	Action Prior Most	Jnit I	Repo	orted queno Secon	Aborce of I	dress dress /e vents	Fourth	State	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
In Most Harmful Aumber Can	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	th .	A	Action Prior Most	Jnit I	Repo	orted queno Secon	Aborce of I	dress dress /e vents	Fourth	State	1)	Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
uny K Owrer Owner Owrer Owner	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	th .	A	Action Prior Most	Jnit I	Repo	orted queno Secon	Aborce of I	dress dress /e vents	Fourth	State	1)	Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
wry K Owre O Owrer O O	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	th .	A	Action Prior Most	Jnit I	Repo	orted queno Secon	Aboo Acce of I	dress	ourth M	State	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
In your experience Passen In your experience Passen In your experience Prior Action Prior Fa Most Marriful Number Car	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	th .	A	Action Prior Most	Jnit I	Repo Se rs:	orted queno Secon	Aboo of I	dress	Fourth W	State	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
In your experience Passen In your experience Passen In your experience Prior Action Prior Fa Most Marriful Number Car	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	MMD	A	Notion Prior Most armfu	Jnit I	Repo Se rs:	orted queno Secon	Abo Ce of I	oress Verents Who Paper Vehic Log E	Source Selections and the selection of t	State	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
wry K Owre O Owrer Owner	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	MD Gww	A A A A A A A A A A A A A A A A A A A	Most armfu	Jnit I	Repo Se rs:	orted queno Secon	Abo Ce of I	oress /e vents mer Sc Paper Vehic	Source Selections and the selection of t	State	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Ny K Nowree N	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	MD Gww	A A A A A A A A A A A A A A A A A A A	Most: armfu	St. St.	Report See See See See See See See See See Se	orted quent Second	Abor Ce of I	dess /e vents ind file fi	Fourth W Fourth Fou		1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Most darmful tumber Carr	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	MD Gww	H H	R CDL.	St. St. St. O'Non-	Report See See See See See See See See See Se	orted quent Secon	Aboo Ce of I	/e vents in the second of the	inpped inped i		1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Most larmful Carr Action Prior Fa	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	MD CONTRACTOR	AAACCW	Most CDL Conterstation (III	St. St. St. Months at the Mill On the Mill	Report See See See See See See See See See Se	orted quent Second	Aboo Ce of I	dess re vents vents re vents re vents re vents re vents re vents Restrict 23	inpped inpped in input in inpu		1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Most larmful Number Carr	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third	S Four	MD CONTRACTOR	HH. HH. AVSCW	Mos: armfu CDL tterst itra (I	St.	Report Service	Guenos Seconos Guenos Seconos Guenos	Aborno Color	ress	S O O	T X 300 CX	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Most Harmful Can Chess Check Chess Charge Chesses Most Harmful Can Chess Ch	Winness per Winness per Winness per Winness per Winness per Sequential Sequen	ed on serios cond	Front f Event Third Mo	S Four	GVW	HH. HH. AVSCW	Most armfu	Julit Fi Fi St. St. St. Type On Non- ate MI On Type AAI AAI AAI	Report See See See See See See See See See Se	G C C C C C C C C C C C C C C C C C C C	Abor Carlot On Control	dress re vents vents fre vents re vents r	Aurore Se le	T X 300 CX	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
where Can Action Prior Fa Most Harmful Number Can CMC CMC CMC CMC CMC CMC CMC	Winess ger Winess ger Report Sequ	Name Name ed on ience o	Front f Event Third MD	S Four	MD CONTRACTOR	A A A A A A A A A A A A A A A A A A A	Mos: armfu COL ction H ccol chiterst	St. St. On Non- Type MI On On Ah Ah Ah AP	Report See See See See See See See See See Se	Grand Control	Abor Carlotte of Total Carlotte of Carlotte of Total Carlotte of Total Carlotte of C	dess re re re re re re re re re	Source Sign Control of Sign Co	T X 300 CX	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Unit Passen Owrer Outring to Passen Owrer Outring to Passen Owrer Outring to Passen Most Harmful Number Cam Idress Other	Winess is Winess is Winess is Sequential Seq	Name ed on lence of cond section Section	Front f Event Third (M)	Four	GVW.	HH HH	Most armitution of the control of th	St. St. St. Type Non- ate MI On Type AN AN	Repos Se ssisi Mily Farm	G. C.	Abor Co of I TO ON CO ON CON C	ress re vents re v	Source Sign Control of Sign Co	T X X Other	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Unit Passen Owrer Owner	Winness per Winnes	ed on innercond Second	Front f Event Third (M)	Four	GVW.	A A A A A A A A A A A A A A A A A A A	Most armitution of the control of th	St. St. St. St. AA AH AA	Repos Se ssisi Mily Farm	G. C.	Abor Co of I TO ON CO ON CON C	ress re vents re v	inped inped in inped	T X X Other	1		Phone Nu		Phone	Number	′	Yes	Age	Yes Pos.	Res	
Uninured Passen Owner O Uninured Passen Unit I Action Prior Fa Most Harmful	Winess is Winess is Winess is First	Second Sec	Front f Event Third (M)	Four C	Gvw	A A A A A A A A A A A A A A A A A A A	Most armfu CDL	St. St. St. St. St. St. All On	Report Se	G. C.	Aboro	dess /e vents ind /E vents Fapea Ventic Log E Driver OF OC OC OC N OC N	pupped work of the control of the co	T X 330 CX Other	1 North	33			Phone Diagram	Number	d Pema	Yes	Age	Yes Pos.	Res	

To: Also Christophen 418/2013

CHRISTOPHER TRAINOR

a C. Andropolous
9750 Highland Road
White Lake, Michigan 48386

Ter (248) 886-8650 Toll Free (800) 961-8477 Fax (248) 698-3321 Michigan Legal Center com

Gary B. Perkins
Christopher J. Tramoi
Of Counsel
Shawn J. Coppins

November 18, 2011

Gretchen Smith 2640 Trumbull Detroit, Michigan 48216

Dear Ms. Smith:

Shawn C. Cabot

Amy J DeRouin Ryan A Ford

Sasan J. Fronrath

aniel A. Groves

Thomas F. Norton

Vincent M. Larougi

amothy M. Hartner

Enclosed please find a copy of the application for benefits that was submitted to the City of Detroit on your behalf. Also, please find the Attendant Care and Replacement Service Affidavits that you recently sent to our office, for October 1, 2011 through October 31, 2011. Please note that the Affidavits have not been submitted to the insurance company as they were just received in our office.

At this time any and all pending claims you had with our office have now been closed.

Please keep in mind that according to laws of Statute of Limitations, you must commence a lawsuit for your claims within a certain period of time. A claim for No-Fault benefits must be filed within one (1) year from the date of the accident, which in your case this would be July 1, 2012. Once the claim is established, any and all expenses incurred (i.e. wage loss, replacement services, attendant care, prescription costs, medical mileage, medical bills, etc.) must be submitted and paid by the insurance carrier within one (1) year of the date each expense was incurred. If they are not paid timely, you must file your lawsuit within that same one (1) year in order to protect your right to outstanding benefits. Further if you wish to continue pursuing your Bodily Injury claim against the owner and/or driver who was at fault, you must file a lawsuit within three (3) years from the date of the accident which in your case would be, July 1, 2014.

If you choose not to pursue either or both of these claims within the time frame allotted by the State of Michigan, you will be barred from receipt of any potential benefits owed. If you wish to pursue your claim, you should contact another attorney <u>immediately</u> and check these time limitations as they relate specifically to your case with that attorney.

Thank you for your attention to this matter.

Sincerely,

CHRISTOPHER TRAINOR & ASSOCIATES

Timothy M. Hartner, Esq.

MH/rjr Enclosures (12 Pages)





8DD75 00000041

GRETCHEN R SMITH APT 913 3901 GRAND RIVER AVE DETROIT MI 48208-2854

BE INFORMED: Protect your Medicare number as you would a credit card number.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-7032A

If you have questions, Call: 1-800-MEDICARE (1-800-633-4227) (#08202)

Ask For Doctor's Services

TTY for hearing impaired: 1-877-486-2048

This is a summary of claims processed on 09/14/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
	er 11-11243-435-740					
•	lds Assoc PC, Suite 100,					a
	orthwestern Hwy , d, MI 48075-2402					
	Gorrepati, Uma D					
Dr. AL Hihi	, Maysoon M.D.					
08/09/11	1.0 X-ray exam of lower spine (72110-26) professional charge	\$53.00	\$17.26	\$13.81	\$3.45	

Notes Section:

a As requested, this is a duplicate copy of your Medicare Summary Notice.

Medicare Summary No

438341040 Page 1 of 2

November 30, 2011

8DD75 00000042

GRETCHEN R SMITH APT 913 3901 GRAND RIVER AVE DETROIT MI 48208-2854

<u> Արտեմումը Եվինգինը Միլիրիի Մինիի իրի Միլիմիի իրի</u>

BE INFORMED: Protect your Medicare number as you would a credit card number.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-7032A

If you have questions, Call: 1-800-MEDICARE (1-800-633-4227) (#08202)

Ask For Doctor's Services

TTY for hearing impaired: 1-877-486-2048

This is a summary of claims processed on 09/14/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
	er 11-11243-435-750 Ids Assoc PC, Suite 100,					a
24500 No	orthwestern Hwy ,					
	Id, MI 48075-2402 Gorrepati, Uma D					
-	, Maysoon M.D.					
08/09/11	1.0 X-ray exam of neck spine (72050-26) professional charge	\$58.00	\$17.26	\$13.81	\$3.45	

Notes Section:

a As requested, this is a duplicate copy of your Medicare Summary Notice.

Take on Ait Friday 1/24

13-53846-tjt Doc 9868-1 Filed 05/21/15 Entered 05/21/15 16:56:08 Page 21 of 21
THIS IS NOT A BILL - Keep this notice for your records.